

## FIRE SAFETY SURVEY — 1985 LIFE SAFETY CODE

# F-1

SIDE 1

### Worksheet for Rating Residents

Complete one Worksheet for each resident.  
Read Instruction Manual before filling out this form.  
Base ratings on commonly observed examples of poor performance.

Resident's Name	Rater
Facility	Date

**Write any explanatory remarks you may wish to make here:**

Surveyor—(Signature)	Title	Date
Fire Authority Official—(Signature)	Title	Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

## COMPLETE OTHER SIDE FIRST

# F-1

SIDE 2

## Worksheet for Rating Residents

Read Instruction Manual before filling out this form.  
Base ratings on commonly observed examples of poor performance.

### F-1A Rating the Resident on the Risk Factors

Rating the resident on each of the factors below by checking the one circle in each risk factor that best describes the resident. For the first six factors, write the scores for the circles you checked in the appropriate score boxes in the far right column. For "response to fire drills," write the three checked scores in the large circles. Write the sum of the 3 scores in the large box on the right.

**SCORE  
BOXES**

I. Risk of Resistance	Minimal Risk	Risk of Mild Resistance	Risk of Strong Resistance		
(Check only one)	<input type="radio"/> score = 0	<input type="radio"/> score = 6	<input type="radio"/> score = 20		
II. Impaired Mobility	Self-Starting	Slow	Needs Limited Assistance	Needs Full Assistance or Very Slow	
(Check only one)	<input type="radio"/> score = 0	<input type="radio"/> score = 3	<input type="radio"/> score = 6	<input type="radio"/> score = 20	
III. Impaired Consciousness	No Significant Risk	Partially Impaired	Totally Impaired		
(Check only one)	<input type="radio"/> score = 0	<input type="radio"/> score = 6	<input type="radio"/> score = 20		
IV. Need for Extra Help	Needs at Most One Staff	Needs Limited Assistance from 2 Staff	Needs Full Assistance from 2 Staff		
(Check only one)	<input type="radio"/> score = 0	<input type="radio"/> score = 30	<input type="radio"/> score = 40		
V. Response to Instructions	Follows Instructions	Requires Supervision	Requires Considerable Attention/May Not Respond		
(Check only one)	<input type="radio"/> score = 1	<input type="radio"/> score = 3	<input type="radio"/> score = 10		
VI. Waking Response to Alarm	Response Probable	Response Not Probable			
(Check only one)	<input type="radio"/> score = 0	<input type="radio"/> score = 6			
VII. Response to Fire Drills	Initiates and Completes Evacuation Promptly	Yes	No	<input type="radio"/>	
(Without Guidance or Advice from Staff)	Chooses and Completes Back-up Strategy	Yes	No	<input type="radio"/>	
	Stays at Designated Location	Yes	No	<input type="radio"/>	
		<input type="radio"/> score = 0	<input type="radio"/> score = 6	<input type="radio"/>	

**SUM OF  
THESE  
THREE  
ITEMS**

### F-1B Finding the Resident's Overall Need For Assistance

Compare the numbers in the 7 score boxes you have filled in.  
Take the one highest score from the score boxes and write it in this box:

**EVACUATION  
ASSISTANCE  
SCORE**